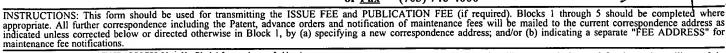
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/693,663	10/20/2000	Andrew Hilliard Arrowood	5577-214	8210

TITLE OF INVENTION: METHODS, SYSTEMS AND COMPUTER PROGRAM PRODUCTS FOR WORKLOAD DISTRIBUTION BASED ON END-TO-END QUALITY OF SERVICE

	I	1001 17 17		NUMBER OF TRANSPORT	TOTAL FEE (I) DUE	D. TE DUE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	09/01/2005	
EXAMINER ART		ART UN	IT	CLASS-SUBCLASS			
JACOBS, LA	JACOBS, LASHONDA T 2157			709-105000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, I unes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the naned patent attorneys or agents. If name will be printed.	nt attorneys 1 Myers Bi & Sajo a member a 2	gel Sibley ovec		
	RESIDENCE DATA TO B				•		
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be a 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will apr F a substitute	pear on the patent. If an assign for filing an assignment.	nee is identified below, the d	locument has been filed for	
(A) NAME OF ASSIGN	A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
International Bu	ısiness Machines Co	rporation	I	Armonk, New York			
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	oatent): 🗖 Individual 🔯 C	Corporation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):			
XX Issue Fee		· ·	XX A check	in the amount of the fee(s) is en	nclosed.		
upplication Fee (No s	small entity discount permitte	ed)	Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # or	f Copies		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0461 (enclose an extra copy of this form).				
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🚨 a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	b. Appli	cant is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _

Date <u>July 13, 2005</u>

Registration No. 48,568

Typed or printed name Elizabeth A. Stanek

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